

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street) ▼

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

12

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric P Bishop

Signature of Treasurer

Eric P Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

19

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">93762.04</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">87203.99</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">13375.43</span>	<span style="border: 1px solid black; padding: 2px;">175457.30</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">100579.42</span>	<span style="border: 1px solid black; padding: 2px;">269219.34</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3201.85</span>	<span style="border: 1px solid black; padding: 2px;">171841.77</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">97377.57</span>	<span style="border: 1px solid black; padding: 2px;">97377.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12324.50

141370.39

(ii) Unitemized .....

1050.93

33394.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13375.43

174764.62

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

13375.43

174764.62

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

692.68

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13375.43

175457.30

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13375.43

175457.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	201.85	2841.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	201.85	2841.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	169000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3201.85	171841.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3201.85	171841.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13375.43	174764.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13375.43	174764.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	201.85	2841.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	692.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	201.85	2149.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark R Fawcett**

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A78F4BF18993E4D25869**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **B. Christine M McLean**

Mailing Address 920 Winter St

City

Woburn

State

MA

Zip Code

01801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager A/R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

12 / 19 / 2015

**Transaction ID : A18AA70E17981423BA2D**

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$9.62/

Full Name (Last, First, Middle Initial)

## **C. Patrick L McCarthy**

Mailing Address 82 Belcher Dr

City

Sudbury

State

MA

Zip Code

01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3120.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A8448BFA2DD2A4A0CAFC**

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$120.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

297.70

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 7 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph P Winslow**

Mailing Address 920 Winter St

City

Nashua

State

NH

Zip Code

03063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems & Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AD1958C5B9ABD453CB47**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Domenic P Gaeta**

Mailing Address 920 Winter St

City

Charlestown

State

MA

Zip Code

02129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A06BF84B2947848A69BF**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**C. Jayme D Patterson**

Mailing Address 5105 S National Dr

City

Knoxville

State

TN

Zip Code

37914-6518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A291B34C921474CD0B92**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Donald N Cantalupo**

Mailing Address 100 Paterson Plank Rd  
Apt 313

City State Zip Code  
Jersey City NJ 07307-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A93285130B2B84C56BBE**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

## **B. Michelle Cowens**

Mailing Address 516 Goldenwest St

City State Zip Code  
Huntington Beach CA 92648-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

**Transaction ID : AF82A6FFB4DF94538A9F**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

## **C. William McKinney**

Mailing Address 3711 South Mopac Expsy

City State Zip Code  
Austin TX 78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AAB642B8031D944ABB93**

Amount of Each Receipt this Period

140.00

Payroll Deduction: \$70.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.92



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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PAGE 9 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

### A. Cynthia L Lamunyon

Mailing Address 225 E Germann Rd  
Ste 230

City State Zip Code  
Queen Creek AZ 85142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : A02A031BF422B4B08B41

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

### B. Barbara C Williams

Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City State Zip Code  
Greenwood Village CO 80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.53

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : AAA856FABE92C4876A5C

Amount of Each Receipt this Period

16.00

Payroll Deduction: \$8.00/

Full Name (Last, First, Middle Initial)

### C. Liam J Walsh

Mailing Address Headquarters  
920 Winter Street

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1742.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : A08430A6ADD044EEC934

Amount of Each Receipt this Period

134.00

Payroll Deduction: \$67.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert D Crick**

Mailing Address 3501 Moyers Cir  
Ste 200

City State Zip Code  
Louisville KY 40241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A588AC423DD764B89927**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**B. James G Fowlds**

Mailing Address 3545 Wilshire Blvd.  
Suite 100

City State Zip Code  
Los Angeles CA 90010-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.56

Date of Receipt

12 / 19 / 2015

**Transaction ID : A1CE273D3BCB64CE2A61**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Geronia F Parlier**

Mailing Address 6100 Dutchmans Lane  
Kaden Tower 8th Floor

City State Zip Code  
Louisville KY 40205-3384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : ACC9FE0D7E1EC40CEAD8**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Kristine Pace**

Mailing Address 711 E Jefferson St

City State Zip Code  
Oak Grove LA 71263-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A45044BB238944AB7817**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **B. Linda Sherman**

Mailing Address 12120 Plum Orchard Dr  
Ste 140

City State Zip Code  
Silver Spring MD 20904-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Home Therapies Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A51D04AA2C24D46FBAE2**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **C. Katrina Demlow**

Mailing Address 3300 Vista Way

City State Zip Code  
Oceanside CA 92056-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2015

**Transaction ID : A7521336FDD504D14B9F**

Amount of Each Receipt this Period

11.55

Payroll Deduction: \$11.55/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

51.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Catherine Dubinsky**

Mailing Address 920 Winter St

City

North Chelmsford

State

MA

Zip Code

01863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

**Transaction ID : A33B1D30901D64D56808**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Jenny Lee Fischer**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A6A7A2BBC37DD4386A9C**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Deanna L Patterson**

Mailing Address 8688 Broadway

City

Crown Point

State

IN

Zip Code

46307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AC644362FF6E24423A7D**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. K Brett Heiner**

Mailing Address 885 Corporate Woods Drive

City	State	Zip Code
Alabaster	AL	35007-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Distribution Center Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : A7D58EAEC447845B392A

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**B. Peter F Sauer**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : AC2CBAA4EA52D471F8B7

Amount of Each Receipt this Period

110.00

Payroll Deduction: \$55.00/

Full Name (Last, First, Middle Initial)

**C. Jeffrey Hymes**Mailing Address 750 Old Hickory Blvd  
Ste 230

City	State	Zip Code
Nashville	TN	37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

Transaction ID : ACCDDA45260134CE6BF3

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$100.00/

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Manikandan Pandi**

Mailing Address 920 Winter St

City

Acton

State

MA

Zip Code

01720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

Transaction ID : A5A622BB43F9E4F66838

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **B. David F Sweet**

Mailing Address 6601 Wall Street  
Suite A

City

Mobile

State

AL

Zip Code

36695-4555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

Transaction ID : A7494F75D9AA24ABB97B

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **C. William M Crawford**

Mailing Address 100 Galleria Pkwy SE  
Ste 1200

City

Atlanta

State

GA

Zip Code

30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

Transaction ID : A7E9BDFC563C74830808

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

96.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy Dianne Carter**

Mailing Address 1607 Revella Arch

City

Chesapeake

State

VA

Zip Code

23322-6991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A7EE9E75A7500439C939**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Carrol A Ernst**

Mailing Address 4502 West Indian School Rd  
Ste A4-11

City

Phoenix

State

AZ

Zip Code

85031-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

**Transaction ID : A771ED86DF58C45F7A18**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Jason K Grayson**

Mailing Address 5100 N Brookline Ave  
Ste 275

City

Edmond

State

OK

Zip Code

73034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AC940AF06A2E44FEB872**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

146.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Charles Sepucha Jr**

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.06

Date of Receipt

12 / 19 / 2015

**Transaction ID : A31B69E854403476AAD5**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

**B. Paul M Zabetakis**

Mailing Address 7019 SE Harbor Circle

City

Stuart

State

FL

Zip Code

34996-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

**Transaction ID : AC1A26FB83B034DC88DA**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. James Easterbrook**

Mailing Address 4646 N Greenview Ave

Unit 10

City

Chicago

State

IL

Zip Code

60640-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AE43D8193A6674A28982**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

491.54



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jessica Orlando**

Mailing Address 651 Ladd Street

City

Lehigh Acres

State

FL

Zip Code

33974-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

299.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A05A8490E95F24232952**

Amount of Each Receipt this Period

23.06

Payroll Deduction: \$11.53/

Full Name (Last, First, Middle Initial)

**B. Steven P Covino**Mailing Address Headquarters  
920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A448C870B77AC4548A35**

Amount of Each Receipt this Period

96.16

Payroll Deduction: \$48.08/

Full Name (Last, First, Middle Initial)

**C. Andrew C Holstein**Mailing Address 630 W Germantown Pike  
Ste 100

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A4FCD517F1BBF4C4E817**

Amount of Each Receipt this Period

35.00

Payroll Deduction: \$17.50/

**SUBTOTAL** of Receipts This Page (optional)..... ►

154.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Robin Elizabeth Surane**

Mailing Address 9920 Kinsey Ave  
Ste 140

City State Zip Code  
Cornelius NC 28031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Directo of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.96

Date of Receipt

12 / 19 / 2015

Transaction ID : A497E39525C5F4E26887

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$9.62/

Full Name (Last, First, Middle Initial)

## **B. William F Fink**

Mailing Address 32 Hartwell Ave

City State Zip Code  
Carlisle MA 01741-1562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP, ITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 19 / 2015

Transaction ID : AD3D30042224B4BAD867

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

## **c. Christopher D Fonvielle**

Mailing Address 920 Winter St

City State Zip Code  
Melrose FL 32666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

12 / 19 / 2015

Transaction ID : AA8388CC14E9A42FAAE5

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$12.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

143.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Douglas G. Kott**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : A2F6972874E694199BB7

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$192.30/

Full Name (Last, First, Middle Initial)

**B. Elizabeth A Britton**

Mailing Address PO Box 113

City State Zip Code  
East Irvine CA 92650-0113

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : A943ABBED73124651AA6

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

**C. Mark L Costanzo**

Mailing Address Headquarters  
920 Winter Street

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President RTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4944.19

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2015

Transaction ID : A07DD7978B41840489B6

Amount of Each Receipt this Period

4944.19

Payroll Deduction: \$4944.19/

SUBTOTAL of Receipts This Page (optional)..... ►

5358.79

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City State Zip Code  
 Wheaton IL 60187-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A129320F3674449BBAC4**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **B. Stephanie L DeFranco**

Mailing Address 525 Sycamore Drive

City State Zip Code  
 Milpitas CA 95035-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

**Transaction ID : A8AAEEE7CE8F44C0D905**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

## **C. Jayanta Ray**

Mailing Address 5215 N O Connor Blvd  
 Ste 1100

City State Zip Code  
 Frisco TX 75035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A698A88E987CD4756875**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Nelson A Coimbre**

Mailing Address 2219 Hollywood Blvd  
Ste 101

City State Zip Code  
Miami FL 33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Construction Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.06

Date of Receipt

12 / 19 / 2015

Transaction ID : AEB542834310E45AE996

Amount of Each Receipt this Period

34.62

Payroll Deduction: \$17.31/

Full Name (Last, First, Middle Initial)

## **B. Douglas S Maggio**

Mailing Address 950 Golf View Ct

City State Zip Code  
Buford GA 30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.30

Date of Receipt

12 / 19 / 2015

Transaction ID : A92799595E4834E009FE

Amount of Each Receipt this Period

23.10

Payroll Deduction: \$11.55/

Full Name (Last, First, Middle Initial)

## **C. Richard Alderson**

Mailing Address 1 Cityplace Dr

City State Zip Code  
Frederick MD 21702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

Transaction ID : A5C6C8D57CDB84F4DB26

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

77.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Edda B Spinelli**Mailing Address 3333 West Highway  
Suite 101

City	State	Zip Code
Buena Park	CA	92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : ADCBC68B361C147A0A61**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Gordon K Jee**

Mailing Address 32 Hartwell Ave

City	State	Zip Code
Newburyport	MA	01950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A32607FF656704DD2870**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Maria N Burke**Mailing Address 129 W Trade St  
Ste 1050

City	State	Zip Code
Waxhaw	NC	28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : ADE57344BE75B48D4B70**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

138.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Gary Livesay**

Mailing Address 5011 Hwy 17 Bypass

City State Zip Code  
Murrells Inlet SC 29576-5043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 19 2015

**Transaction ID : ACAE2A937710E4361B65**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **B. Karen G Butler**

Mailing Address Headquarters  
920 Winter Street

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Senior Director Clinical Technology Tr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 19 2015

**Transaction ID : A1A7F890540EA4696908**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **C. Donna R Painter**

Mailing Address 5215 North O'Connor Blvd.  
11th Floor

City State Zip Code  
Irving TX 75039-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 19 2015

**Transaction ID : A327EEAD4BC324D46892**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Paul E Smith**

Mailing Address 920 Winter St

City  
PalmerState  
MAZip Code  
01069FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Biomedical Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : ADC0582F4FCE74D1AB62**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**B. Matthew D Kinser**Mailing Address 1550 W McEwen Drive  
Suite 500City  
FranklinState  
TNZip Code  
37067-1731FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A648AC78C23EE40D19E7**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Terri W Carlton**

Mailing Address 1534 N Hoskins Rd

City  
MorgantonState  
NCZip Code  
28655FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A5A3E41720E844E41BCA**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.38

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. John Baldasaro**

Mailing Address 32 Hartwell Ave

City	State	Zip Code
Clifton Park	NY	12065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A576E5B3690124FAC940**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Janice D Lindsay**

Mailing Address 111 Elizabeth Street

City	State	Zip Code
Clinton	NC	28328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A41D04D9FF5814D1D989**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**C. Gregory S Garza**Mailing Address 2020 East First Street  
Suite 110

City	State	Zip Code
Seal Beach	CA	92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President Integrated Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : AEA78823464374CCD8DC**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph M Marino

Mailing Address 5251 Dtc Pkwy  
Ste 500

City State Zip Code  
Denver CO 80233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Director, Joint Venture Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : A896E58295D2746B9A68

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$9.62/

Full Name (Last, First, Middle Initial)

B. Mignon B Early

Mailing Address 109 Bennington Way

City State Zip Code  
Greer SC 29650-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : AA01294673D7E44A2A8E

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

c. Michelle Gazella

Mailing Address 920 Winter St

City State Zip Code  
Oakdale PA 15071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 19 / 2015

Transaction ID : AA016033DF2EF4436A54

Amount of Each Receipt this Period

27.00

Payroll Deduction: \$13.50/

SUBTOTAL of Receipts This Page (optional)..... ►

106.24

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Kathleen M Kawa**

Mailing Address 90 Glacier Drive

City

Westwood

State

MA

Zip Code

02090-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AE924747A939A43D1BE1**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

**B. Steven D Shaw**

Mailing Address 920 Winter St

City

Southborough

State

MA

Zip Code

01772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A893E72EC7A1E431D8F7**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**C. Michael J Ramsey**

Mailing Address Headquarters  
920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A98A62FFC864A439FBFC**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

128.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Nicole A Devore**

Mailing Address 801 Pennsylvania Ave  
Suite 255

City Washington State DC Zip Code 20004-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A9A61E64432C54F87B9B**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **B. Geoff Higginbotham Jr**

Mailing Address 7581 NW 23rd St

City Hollywood State FL Zip Code 33024-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Finance RECS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

12 / 19 / 2015

**Transaction ID : AFADA3E9D846F454AA56**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **C. William M Perry**

Mailing Address 920 Winter St

City Ashland State MA Zip Code 01721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A0E172BD4B3424D118BF**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.92

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. James W Swann

Mailing Address 3725 National Dr  
Ste 130

City State Zip Code  
Fayetteville NC 28312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Development & Certificate of Need

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

Transaction ID : ABC615F8835A74DD8B15

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

B. Robert Peter Loeper

Mailing Address Headquarters  
920 Winter Street

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2015

Transaction ID : A430AD969EE5B4BC0AE0

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

C. Marion Andersen

Mailing Address 475 W 13th St

City State Zip Code  
Ogden UT 84404-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2015

Transaction ID : ABE7A92E7C28044BBBA8

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

136.92

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Brian Silva**

Mailing Address 920 Winter St

City State Zip Code  
Bedford MA 01730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A2CFDD821EA844282BEA**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$192.31/

Full Name (Last, First, Middle Initial)

**B. Judith E Moran**

Mailing Address 165 Passaic Ave  
Suite 300

City State Zip Code  
Fairfield NJ 07004-3592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A2357D1AE429F46998A8**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Sandra M Geraci**

Mailing Address 262 Berenger Walk

City State Zip Code  
Royal Palm Beach FL 33414-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A5E43E54F523943B792F**

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$40.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

503.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michael A Tully**

Mailing Address 920 Winter St

City

Lunenburg

State

MA

Zip Code

01462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Mgr Corp Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2015					

**Transaction ID : AB7B1BB0763A64B50B51**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

**B. Anthony L Hayes**Mailing Address 100 Galleria Parkway  
Suite 1200

City

Atlanta

State

GA

Zip Code

30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2015					

**Transaction ID : AD076075618204845B78**

Amount of Each Receipt this Period

62.00

Payroll Deduction: \$31.00/

Full Name (Last, First, Middle Initial)

**C. Drew D David**

Mailing Address 2282 Floral Ridge Dr

City

Dacula

State

GA

Zip Code

30019-7214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2015					

**Transaction ID : AF324C72D6ED144399A5**

Amount of Each Receipt this Period

23.08

Payroll Deduction: \$11.54/

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey S Perritano**

Mailing Address 111 E Elizabeth St

City State Zip Code  
 Fayetteville NC 28304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.36

Date of Receipt

12 / 19 / 2015

**Transaction ID : AF3A3149E4A5F406EBD6**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

**B. Deborah A Harvey**

Mailing Address 100 Galleria Parkway  
Suite 1200

City State Zip Code  
 Atlanta GA 30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A52518CE1D8C6406085B**

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$150.00/

Full Name (Last, First, Middle Initial)

**C. Kimberly Tecca**

Mailing Address 1402 Modeste Dr

City State Zip Code  
 League City TX 77573-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AB49AA6E9AC34455EA97**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph H Johnston

Mailing Address 920 Winter St

City

Warrington

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

12 / 19 / 2015

Transaction ID : A6BFCFDCAC36D41418FE

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$25.00/

Full Name (Last, First, Middle Initial)

B. Nicholas R Brownlee

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

12 / 19 / 2015

Transaction ID : A86C302FCA1CE4704A73

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$192.30/

Full Name (Last, First, Middle Initial)

c. Mary Jo Davis

Mailing Address 1 Westbrook Corporate Ctr

Ste 1000

City

Lombard

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

12 / 19 / 2015

Transaction ID : A14DBDEF9CFBC4572AA3

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$12.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

458.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. David Cariello**

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate &amp; Construction Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : ADA2219EA993342CA90F**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Kimberly Lynn Sonnen**Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A03A357FDC3A4415EB54**

Amount of Each Receipt this Period

260.00

Payroll Deduction: \$130.00/

Full Name (Last, First, Middle Initial)

**C. Erma S Hall**

Mailing Address 4425 Utica Street

City	State	Zip Code
Metairie	LA	70006-6530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A2CCE5C5A86554C8794C**

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$38.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

412.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Levin**

Mailing Address 315 E 62nd St  
 FL 4

City State Zip Code  
 New York NY 10065-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A6BDD9ECDDBE4DFB8C**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**B. Wendy L Schrag**

Mailing Address 1527 Westborough

City State Zip Code  
 Newton KS 67114-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy & Gov Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A3D804C7DDFFD45C2849**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

**C. David S Roder**

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A7C6CD550403347A2927**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brennan**

Mailing Address 5968 Ohara Landing

City State Zip Code  
 Burke VA 22015-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A2B4D82AFDEFD4528B00**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. James R Pearce**

Mailing Address 525 Sycamore Drive

City State Zip Code  
 Milpitas CA 95035-7429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A99F3457D8F1D4AB4970**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$15.00/

Full Name (Last, First, Middle Initial)

**c. Jody L MacDonald**

Mailing Address 920 Winter St

City State Zip Code  
 Winchester MA 01890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : AF4CE518D3A954967BF1**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph J Ruma**

Mailing Address 920 Winter St

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A2245364AEEB04F169B8**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**B. David R Gillon**

Mailing Address 100 Galleria Pkwy SE  
Ste 500

City

Smyrna

State

GA

Zip Code

30080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 19 / 2015

**Transaction ID : A2761A24204C841DEB0F**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**C. Jacqueline C Wenzler**

Mailing Address 100 Galleria Parkway  
Suite 1200

City

Atlanta

State

GA

Zip Code

30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 19 / 2015

**Transaction ID : A3F9F489D88F6410986F**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

118.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Keith H Alderman**

Mailing Address 5268 East Raines Rd

City State Zip Code  
 Memphis TN 38118-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA Regional Vice President

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 19 2015

Transaction ID : A65EA4AEC53644B7F911

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

## **B. Monica A Cobb**

Mailing Address 175 Pamela Drive

City State Zip Code  
 Swansea MA 02777-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA Group Vice President

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 19 2015

Transaction ID : A1D78E63FFA0545E5B6E

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

## **C. Lisa Dombro**

Mailing Address 927 Prairie Ave

City State Zip Code  
 Park Ridge IL 60068-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA Senior Vice President

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 19 2015

Transaction ID : A99B3EEB409134CA8B1A

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$192.31/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

443.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Donna J McCarthy**Mailing Address 5251 DTC Parkway  
One DTC Suite 500

City	State	Zip Code
Greenwood Village	CO	80111-2799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : AF8AF3AF56B6048598F1**

Amount of Each Receipt this Period

230.76

Payroll Deduction: \$115.38/

Full Name (Last, First, Middle Initial)

**B. Allen P Mills**

Mailing Address 928 Baxter St

City	State	Zip Code
Charlotte	NC	28204-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A0EFF5A0691B04BCDB9D**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Terry L Ketchersid**

Mailing Address 920 Winter St

City	State	Zip Code
South Boston	VA	24592

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A4B4AE68454334E14875**

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$100.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

507.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark A Jacobs**

Mailing Address 2208 Yellowstone Dr

City State Zip Code  
Yukon OK 73099-5744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

12 / 19 / 2015

**Transaction ID : AC9EDBDAF2E3F44C3922**

Amount of Each Receipt this Period

15.40

Payroll Deduction: \$7.70/

Full Name (Last, First, Middle Initial)

## **B. George H Higgins**

Mailing Address 2824 N Broadway St

City State Zip Code  
Carl Junction MO 64834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

12 / 19 / 2015

**Transaction ID : A92A01F7D32C04367AFB**

Amount of Each Receipt this Period

15.40

Payroll Deduction: \$7.70/

Full Name (Last, First, Middle Initial)

## **c. Christopher P Smith**

Mailing Address 920 Winter St

City State Zip Code  
Gilbert AZ 85233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

12 / 19 / 2015

**Transaction ID : ABC0D5E58858F472D9ED**

Amount of Each Receipt this Period

15.40

Payroll Deduction: \$7.70/

**SUBTOTAL** of Receipts This Page (optional)..... ►

46.20

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Brenton N Clark**

Mailing Address 4355 Cobb Pkwy SE

City	State	Zip Code
Columbia	SC	29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Central Admissions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : AAC8DFAA28BCB4EAC9A**

Amount of Each Receipt this Period

15.40

Payroll Deduction: \$7.70/

Full Name (Last, First, Middle Initial)

**B. Kyle P Hicks**

Mailing Address 475 W 13th St

City	State	Zip Code
Willard	UT	84340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Eng. Manager Molding

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A89D500AAD3EF4D6C8A0**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/

Full Name (Last, First, Middle Initial)

**C. Steven L Parker**

Mailing Address 475 West 13th Street

City	State	Zip Code
Ogden	UT	84404-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr. EHS Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : A150948B100EA44379F2**

Amount of Each Receipt this Period

15.50

Payroll Deduction: \$7.75/

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.90

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Jon Asselta**

Mailing Address 5215 N O Connor Blvd  
Ste 1100

City State Zip Code  
Flower Mound TX 75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP, Operational Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : AC1F56AD208C84A00A30**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$19.23/

Full Name (Last, First, Middle Initial)

**B. Clifton L Highman**

Mailing Address 5251 Dtc Pkwy  
Ste 500

City State Zip Code  
Greenwood Village CO 80111-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Mrg Planning & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : A7A752B38F07C4CF8868**

Amount of Each Receipt this Period

16.00

Payroll Deduction: \$8.00/

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

54.46

12324.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 45

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills      State MD      Zip Code 21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

Transaction ID : BD6F55AC1CFCE4064BCC

Amount of Each Disbursement this Period

201.85

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.85

201.85

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Fresenius Medical Care North America PAC

2500.00

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The displays show the date 12/02/2015. The first display is blue with a serif font, the second is green with a sans-serif font, and the third is red with a mix of serif and sans-serif fonts.

500.00

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1381

City Tacoma	State WA	Zip Code 98401-1381
----------------	-------------	------------------------

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : B5E130B5D16A1467B93F**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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3000.00
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